1	UNITED STATES BANKRUPTCY COURT
2	WESTERN DISTRICT OF WASHINGTON
3	AT SEATTLE
4	
5	In re:
6	NATURAL MOLECULAR TESTING) No. 13-19298 CORPORATION,)
7	Debtor.
8)
9	NATURAL MOLECULAR TESTING) CORPORATION,)
10	Plaintiff,)
11	vs.) No. 13-01635
12)
13	CENTERS FOR MEDICARE and) MEDICAID SERVICES, et al.,)
14	Defendants.)
15	TRANSCRIPT OF THE DIGITALLY-RECORDED PROCEEDINGS
16	BEFORE THE HONORABLE MARC L. BARRECA
17	AUGUST 28, 2014
18	
19	
20	
21	
22	
23	
24	Transcribed by: Robyn Oleson Fiedler CSR #1931
25	

1	APPEARANCES
2	
3	For the Defendants:
4	MS. CHRISTINA FOGG
5	U.S. ATTORNEY'S OFFICE 700 Stewart Street, Suite 5220
6	Seattle, WA 98101-1271 Phone: 206-553-4299
7	christina.fogg@usdoj.gov
8	For the Plaintiff:
9	MR. ARNOLD WILLIG MR. CHARLES L. BUTLER
10	HACKER & WILLIG PS
11	520 Pike Street, Suite 2500 Seattle, WA 98101 Phone: 253-340-1935
12	arnie@hackerwillig.com charlie@hackerwillig.com
13	and (telephonically)
14	MR. LAWRENCE J. FREEDMAN MINTZ LEVIN COHN FERRIS GLOVSKY & POPEO
15	701 Pennsylvania Avenue N.W., #900 Washington, DC 20004
16	Phone: 202-434-7372 ljfreedman@mintz.com
17	TJII CCamaremirez. Com
18	For the Creditors Committee:
19	MS. JANE PEARSON FOSTER PEPPER PLLC
20	1111 Third Avenue, Suite 3400 Seattle, WA 98101-3299
21	Phone: 206-447-4400 pearj@foster.com
22	F 201 301 20 001 . 00
23	For the Dept. of Health and Human Services:
24	MS. JANET FREEMAN
25	

1	DIGITALLY RECORDED IN SEATTLE, WASHINGTON
2	AUGUST 28, 2014
3	00000
4	
5	MS. FOGG: Good afternoon, Your Honor.
6	Christina Fogg for the federal defendants.
7	MS. FREEMAN: And Janet Freeman on behalf of
8	Health & Human Services.
9	MR. WILLIG: Arnie Willig on behalf of
10	Natural Molecular, the plaintiff in this adversary
11	proceeding.
12	MR. BUTLER: And Charlie Butler, also on
13	behalf of Natural Molecular.
14	MS. PEARSON: Jane Pearson on behalf of the
15	committee.
16	THE COURT: All right. And remind me, did
17	the committee file a pleading on any of these? I know
18	you had your own motion, which you continued.
19	MS. PEARSON: We had our own motion which
20	we continued, Your Honor. And I simply wanted the
21	opportunity to make a brief statement indicating the
22	committee's support of the State's efforts in this
23	regard. Just to let the Court know, that one of our
24	concerns, with respect to the future of the case, has
25	to do with, ultimately, how some of these may play out.

1	So we're keenly interested and thought the trustee's
2	motion might be well considered later after the outcome
3	of these cases.
4	THE COURT: All right. I'll allow to you
5	make a limited statement.
6	MS. PEARSON: Thank you.
7	THE COURT: All right. Let's go back to what
8	first let me list what I have in motions and confirm
9	that I'm not missing anything, and then discuss how I
10	want to hear them. So I have a, in essence, renewed
11	motion to dismiss, but on the amended complaint. I
12	have the new motion to abstain or stay adversary
13	proceeding. Third, I have a motion to stay discovery
14	pending resolution of the motion for judgment on the
15	pleadings. And fourth, I have a motion for protective
16	order seeking to limit discovery to what discovery
17	would be if it were an administrative proceeding. And
18	that's it, right? Did I miss anything in there?
19	MS. FOGG: That's correct, Your Honor.
20	MR. FREEDMAN: Your Honor, do you want
21	telephone appearances by counsel as well?
22	THE COURT: I did, yes. Go ahead.
23	MR. FREEDMAN: Yeah, I apologize. Larry
24	Freedman for Natural Molecular, by phone.

AHEARN & ASSOCIATES ahearnandassoc@comcast.net

THE COURT: All right. Thank you.

1	MR. DREW: And also, Your Honor, Richard Drew
2	from the Department of Justice.
3	THE COURT: All right. Are either of the
4	counsel on the phone going to be arguing any of the
5	motions?
6	MR. FREEDMAN: This is Larry Freedman. No,
7	Your Honor, I don't intend to. I'm there to
8	supplement, if necessary.
9	MR. DREW: Your Honor, it's the same for me.
10	THE COURT: All right. Let's chop them in
11	this order. I'm going to hear the motion to abstain or
12	for stay, then I'll hear the renewed motion for
13	judgment on the pleadings or in essence, what I'm
14	construing as renewed motion for judgment on the
15	pleadings and then I will hear the two discovery
16	related motions.
17	So let's hear the as a standalone motion,
18	let's hear the motion to abstain or stay proceedings.
19	MS. FOGG: Sure, Your Honor. I would start
20	by saying, I would like to apologize for overwhelming
21	the Court with four briefs. It was not meant to be a
22	burden. It was brought in this way because, as Your
23	Honor has noted in the past, it is a very unique
24	circumstance that we find ourselves in, and it is an
25	issue of great importance and precedent to the agency

1 and gets to the very relationship between the agency 2. and the courts. There are also significant practical concerns at issue, and it was our hope that through these four motions, we could present a number of options to the Court that the Court could choose from 6 with due consideration to all of those interests. THE COURT: And speaking of options, what is 8 the status of the motion to withdraw the reference? 9 MS. FOGG: As far as I know, it has been 10 fully referred to the district court. It was noted for August 22nd, but we have not heard anything further 11 since that time. 12 THE COURT: Do you know who it's been 13 assigned to? 14 15 MS. FOGG: I believe it's been assigned to 16 Judge Lasnik. 17 THE COURT: All right. Go ahead. MS. FOGG: Your Honor, the motion to abstain 18 19 or defer decision until after agency action was brought in part at the suggestion of this Court for our last 20 21 hearing. It relates to the issue of even if this Court 22 finds that Town and Country provides that this Court can exercise jurisdiction in this case, the question is 23 whether or not it should and whether or not it's 24 25 practical and helpful to all of the parties and this

1 Court for it to do so.

It's our position -- as we set forth in the
pleadings -- that because this involves such a
technical and complex issue of Medicare reimbursement
disputes, that it is better decided in the first
instance by the agency that has the processes, the
expertise, and the experience to do that.

If Your Honor is looking for an example of what would be involved in the decision in the first instance, I would refer you to the Exhibit A to the reply in support of abstaining, which attached the national and local coverage determinations that would make up just one part of what would have to be decided in the first instance, in other words, whether or not each of these claims met those requirements.

In addition, if the Court does not choose to abstain, there are a number of problems that it will pose. First, there is a risk of duplicate effort. The agency is moving forward with its first level review. It has gotten through Universe 1 in its entirety and has produced those results to NMTC. And those efforts continue with respect to the other universes. This Court would be, in essence, duplicating that effort by trying to also decide, in the first instance, the coverage determination. There is also, inherent in

that, a risk of inconsistent judgments if the agency
reaches one determination and this Court reaches
another.

But perhaps most significantly, there is the problem of there not being a plan or precedent for how this would be adjudicated in the first instance. And in fact, I thought it was telling that NMTC's own proposal in their response requires this Court to rely upon the administrative record findings. In their opposition at page 8, they said the bankruptcy court need only review AdvanceMed's final report and apply the law. They're essentially conceding that this Court would not need to do a first level review and are not suggesting that the Court should.

For that reason, abstention to March 6th is warranted, because that is when we can represent that all of the universes will be decided by an initial determination at that time. Right now we only have Universe 1 completed. I'm not sure if this is what NMTC was arguing, but it seemed to me that in their response they were arguing that we could somehow take Universe 1 and extrapolate that out to the other universes. I don't think that that is possible. Each universe has its own distinct claims, patients, and medical circumstances. And I think we need all of the

a

1	universes to be complete in order to have a first level
2	review to move forward from.
3	THE COURT: Let me ask I think you
4	answered this last time, but I've forgotten the answer.
5	Universe 1, the time frame for that is early enough
6	that you still have later claims that haven't had
7	review completed yet that are relevant to your claim,
8	as opposed the claim is based on what you've paid
9	the Government's paid out already. At some point the
10	Government quit paying out, so then later claims after
11	that aren't really relevant to the claim determination.
12	They're only relevant I mean, they would be relevant
13	to the plaintiff debtor's claims, but they wouldn't be
14	relevant to the claim determination.
15	But am I correct, Universe 1 isn't the
16	universe, the complete universe, for those claims that
17	have to be reviewed for the claim determination; is
18	that correct?
19	MS. FOGG: I believe that's correct. That's
20	something I was clarifying just moments ago, and Janet
21	can correct me if I'm wrong. But my understanding is
22	that our claim 83 which currently represents the
23	unliquidated, undecided claim based on this
24	reimbursement dispute there are four universes of
25	claims within that. The first two are ones that were

1	already paid out to NMTC. And the issue is whether or
2	not it was an overpayment. Universes 3 and 4 are
3	predominantly ones that are currently held in suspense
4	So they have not been paid out. So I believe Your
5	Honor's characterization is correct.
6	THE COURT: Okay. So the claim you have
7	two claims. The claim for the \$8 million, is that all
8	within Universe 1?
9	MS. FOGG: Yes.
10	THE COURT: Because otherwise, how could you
11	claim it, right?
12	MS. FOGG: Correct.
13	THE COURT: Do you know what that claim
14	number is? Just so I can keep these straight. Were
15	they sequential
16	MS. FOGG: Sure. So 82 is the fully mature
17	liquidated claim. Claim 83 is the unliquidated claim
18	that represents this active Medicare payment dispute.
19	THE COURT: Okay. So I know you have your
20	other arguments, including jurisdictional, but in fact
21	from the Government's side, what claim review needs to
22	be done for adjudication of what you called your fully
23	mature claim has been completed; is that right?
24	MS. FOGG: That's right.

AHEARN & ASSOCIATES ahearnandassoc@comcast.net

THE COURT: Okay. Go ahead.

1	MS. FOGG: The other issue I wanted to
2	address in terms of seeking our relief for either
3	abstention or at least a deferral until March is the
4	claims from NMTC that this would be unfair because of
5	the delay that it would cause. I would note that,
6	first, NMTC has not provided a viable faster
7	alternative for resolution. In fact, their plan for
8	resolution also relies on the administrative record,
9	which would take until March to develop.
10	In addition, I wanted to note that Medicare
11	is a voluntary program, that participants know that
12	they're going to be subject to a variety of rules and
13	regulations. And they know that if there are credible
14	allegations of fraud, their claims will be held in
15	suspense. The Supreme Court has already weighed the
16	importance of the agency's careful review of Medicare
17	disputes against the delay that that process can cause
18	and has already found that careful review by the agency
19	is a more important virtue than that delay.
20	That is true even in the bankruptcy context.
21	There's case law that we cited in our brief that
22	includes the fact that providers who choose to
23	participate in Medicare do not have a guarantee of
24	solvency. That's especially true here where it is now
25	our understanding that NMTC is not reorganizing. They

1 are liquidating. By their claim -- or by, rather,
2 their pleading filed in the bankruptcy court at docket

number 351, on page 2, they state this they expect to

4 file a liquidating plan and/or motions to dispose of

5 the estate assets for the benefit of creditors to wind

6 down the affairs of the business and to liquidate

7 assets. So in this instance, delay is even more

8 insignificant.

17

18

19

20

21

22

23

24

In sum, Your Honor, abstention or deferral to
agency expertise is the most efficient way to move
forward to resolve this highly technical issue of
Medicare reimbursement eligibility.

13 That's all I have on this motion. I'm happy
14 to address the other ones if you like.

THE COURT: No, let's take them one at a time. Okay. Thank you.

MR. WILLIG: Thank you, Your Honor. Arnie Willig on behalf of the plaintiff, Natural Molecular. I think that when you look at this case over all and you realize that the Government suspended these funds back in April of 2013, more than 18 months ago, they've had plenty of time to do whatever sort of analysis or claims review or internal probing of whether or not

these claims were medically necessary to fit in with

25 the current trial calendar that we have right now.

What they're really doing is essentially 1 2. gaming this system by saying this Court should not hear 3 any of these claims because we've come up with these imaginary horribles. The Court's going to have to listen to 17,000 claims and review medical records of 6 individuals who are part of the Medicare program. In fact, that's not what this case was about originally. The case was filed because the Government 8 9 stated that there were credible issues of fraud with 10 respect to -- I believe they pulled out at the time -five files. Since then it has now morphed into this 11 claim that these tests were medically unnecessary and, 12 therefore, not reimbursable. And now as the case 13 evolves, they're saying, well, we need yet more time in 14 15 order to essentially develop our case in secret without having the review of a litigant to the matter so that 16 17 we can examine whether or not what they're doing comports with the claims that we've brought against 18 19 them. The Government has been ordered, as of July, 20 21 to compel production of their documents. What they've 22 produced was, frankly, woefully incomplete. And if I 23 can hand up to the Court a brief summary, we received -- after the motion to compel, we received -- if I 24

AHEARN & ASSOCIATES ahearnandassoc@comcast.net

might hand this up to the Court, Your Honor?

1	THE COURT: You may.
2	MR. WILLIG: hundreds and hundreds of
3	pages of spreadsheets of this nature that are virtually
4	unreadable and really say nothing as to the nature of
5	the Government's dispute with these Medicare claims. I
6	mean, what the Government is doing is essentially
7	forcing this debtor into filing yet another motion to
8	compel production to say, we're here to get to the
9	bottom of why you're disputing these claims. We're not
10	here to be papered with useless spreadsheets that are
11	unreadable and then cast aspersions on the debtor by
12	saying, well, they knew that this was a voluntary
13	process, and they should follow the administrative
14	rules. I know we're kind of overlapping into a later
15	argument.
16	But the Ninth Circuit in Town and Country has
17	said this court has jurisdiction to hear this matter.
18	And that is still good law, and that's what we're
19	following. And that's what the Court should apply in
20	hearing this adversary.
21	THE COURT: All right. Thank you. All
22	right. Let's move on to the motion for judgment on the
23	pleadings.
24	MS. FOGG: Thank you, Your Honor. And I'm
25	happy to address those issues as well. I don't know if
	AHEARN & ASSOCIATES ahearnandassoc@comcast.net

1	you want me to spend any time in rebuttal before I move
2	on to the next
3	THE COURT: Well, I don't need you to address
4	the issues regarding discovery because there's not a
5	motion to compel in front of me right now.
6	MS. FOGG: Okay. So on the 12(c) motion for
7	judgment on the pleadings, Your Honor
8	THE COURT: I guess the focus would be, I can
9	understand why you would do this for preserving your
10	record, if you will. Is there anything extra on top of
11	it that is really uniquely raised by the amended
12	complaint that I should hear about?
13	MS. FOGG: We tried to make it not too
14	terribly boring for you to read a second time through.
15	There is a new focus of this motion for judgment on the
16	pleadings that I think was not as focused upon in the
17	original motion, which is not so much the issue of
18	whether or not Town and Country is good law or well
19	reasoned. It is the issue that Town and Country is
20	distinguishable from the circumstances here. And it's
21	distinguishable in a way that is very significant to
22	the issues we're talking about.
23	Town and Country involved a Medicare
24	reimbursement dispute that had already been resolved.
25	The issues was that that was going to be paid through a

promissory note and how that promissory note should

play in the bankruptcy. It's a very different

situation from here where the very essence of what

we're deciding in this adversary is whether or not the

amounts are properly payable under Medicare. And there

are reasons why that is an issue better left to agency

administration than --

THE COURT: But is there anything within the Ninth Circuit's decision itself that said that was critical to its decision? Any reason why it's saying exhaustion would otherwise apply if it was this original determination, but it doesn't now? Or are you just saying that that's a logical distinction with the facts?

MS. FOGG: It is a logical distinction, but also it's difficult to get into the reasoning of the court since it was put in, essentially, two lines at the end of the decision. The decision primarily focused on the issue of sovereign immunity, which is not what is being argued here. So they gave us very little record to work from. But from my perspective, it relied on the issues of that case. And that case did not have a Medicare payment dispute. It just had an issue that touched upon Medicare, which I believe to be different.

THE COURT: All right. Thank you. 1 2. MR. WILLIG: Thank you. Again, if the 3 Government had an issue with the Court's previous rulings with respect to its denial of their motions to dismiss, they could have filed a motion for 6 reconsideration and brought out what they considered to be these new facts or distinguishable facts in Town and Country that they're now bringing forth today. 8 9 The fact of the matter is there's nothing 10 distinguishable in Town and Country today versus back then. Town and Country is very clear. The case states 11 that the exhausting provisions of the Medicare Act and 12 the Federal Tort Claims Act have no bearing on Town and 13 Country's claims because the independent grant of 14 15 jurisdiction to the bankruptcy courts set forth in 28 USC 157 and 1334, as well as the waiver of sovereign 16 17 immunity contained in 11 USC 106. Now, Town and Country standing alone grants 18 jurisdiction to this Court to hear these Medicare 19 claims. Further, another independent source of 20 21 jurisdiction is the fact that the Government has 22 admitted that it filed two proofs of claim. Under the Hong Kong-Shanghai Bank v. Simon case, again, another 23 -- which is 153 F.3d. 991 -- that served as another 24 25 independent bases for jurisdiction of this Court to

1 hear those claims. What the Government is trying to do 2. is say, well, that deals with the sovereign immunity issue, and sovereign immunity is different than jurisdiction. But in fact, they're one and the same. This Court, under Town and Country, has 6 jurisdiction to hear Medicare claims. The Government, filing its proof of claim, is essentially doing two things, consenting to the jurisdiction of this Court 8 9 and waiving sovereign immunity. But the Government's 10 argument is is, well, we can waive sovereign immunity, but this might not be the proper forum to hear that 11 dispute. It might be our administrative review process 12 that Medicare has set up. But that's not what the law 13 The law is this Court has jurisdiction and can 14 is. 15 hear this adversary in its entirety. And I suppose, to get back to the 16 17 administrative review process, that alone takes months and months. I mean, right now it would take, from my 18 19 understanding, 26 weeks to get on the docket of an 20 administrative review court or panel before it would 21 even set a trial date. So we're talking years --22 effectively, years and years into the future from when the Government first suspended these Medicare payments. 23 The fact of the matter is is, the Government 24

AHEARN & ASSOCIATES ahearnandassoc@comcast.net

broke this debtor's back by failing to pay it its \$15

million in receivables. Now what they're doing is 1 2. saying, well, the debtor might be filing a liquidating plan, but it was -- the reason that the debtor's in this spot today is because it is effectively cut off of all payments by Medicare. And that's what we're here 6 to determine, whether or not the Government owes that 7 \$15 million to this debtor, and whether or not there are other damages with respect to the Government's 8 9 essentially destroying this debtor's business 10 operations. Your Honor, there's no reason to again 11 revisit this issue of jurisdiction. It's been raised, 12 I think, by my count, this is the fourth time we've 13 14 been here on this issue. The Ninth Circuit case of 15 Town and Country has not been overruled since then. And again, the Government has filed its proof of claim 16 -- or two proofs of claim, thereby consenting to this 17 Court's jurisdiction. 18 THE COURT: All right. Thank you. 19 Let's 20 hear the motion to stay discovery pending my ruling on 21 motion for judgment on the pleadings first. 22 MS. FOGG: I'm sorry, Your Honor. Could you 23 say that again?

AHEARN & ASSOCIATES ahearnandassoc@comcast.net

stay discovery pending final resolution of motion for

THE COURT: Yes. Let's hear your motion to

24

1 judgment on the pleadings.

2.

MS. FOGG: Thank you, Your Honor. So this motion was brought prior to the motion to compel that this Court decided during the last hearing. It's continued significance is, one, it is another option to the Court in terms of dealing with some of the problems presented by this case. One thing I wanted to clarify from when this issue was discussed in terms of the motion to compel was that this Court, at that point, ruled that -- you know, ordinarily, if there is a dispute about jurisdiction, there are grounds to potentially stay discovery so that there is not prejudice to one of the parties while that jurisdictional dispute is going forward.

In this instance, the Court said that because there would be discovery -- or at least this is my understanding of the Court's ruling -- is that because there would be discovery with respect to claim 82, that regardless of whether or not this Court or the agency went about deciding claim 83, the Government would still need to participate in discovery because of claim 82. And I just wanted to note that that is not the case, because claim 82 represents a fully matured and final decision by the agency that was not appealed by NMTC. The only thing this Court would be deciding with

respect to claim 82 is its priority status and its 2. administration in the bankruptcy. So discovery would not be necessary or allowed. So there is a prejudice to the Government in having to proceed with discovery while these jurisdictional issues are being decided. THE COURT: All right. Let me hear from plaintiff's counsel. MR. WILLIG: Thank you, again, Your Honor.

If the Government had an issue with respect to producing documents or complying with discovery, the time and place for that was prior to us serving them with the discovery and bringing the appropriate motion for either protective order or, in this instance, its request for a stay.

We've served our discovery shortly after the amended complaint was served, which I believe was sometime in early June. We then gave the Government an extension of time to respond to that discovery. On practically the eve of its required production, pursuant to this Court's order, it essentially called my office and said they were only going to produce documents that a claimant would get during the course of an administrative hearing, period. Now, they didn't bring that up to the Court beforehand or by way of a

protective order. And essentially what they're doing

2 is asking for that today, and then also saying --

starting to argue.

THE COURT: But the only one you're arguing right now is the overall -- is the total stay request pending this now new motion for judgment on the pleadings. The next motion will be the one you're

MR. WILLIG: Well, again, these were issues that should have been properly brought up during the pretrial conferences when we're establishing the deadlines for trial and before we're setting out our own discovery and developing our own deposition schedules for the Government's witnesses.

At this point, no purpose is served by delaying these proceedings any further. Jurisdiction has been established by this Court. The Court is the proper forum to hear these claims. And delay only serves to benefit the Government and act to the detriment of this debtor, because no claimant -- no other class of claimants is getting paid. And either the Government has a basis for withholding these \$15 million in funds, or it does not. It shouldn't be entitled to a victory simply through attrition and continuing the case and continuing these deadlines month after month after month, while the other parties

1	ın	this	case	effectively	suffer.

17

18

19

20

21

22

23

24

25

This is the main asset for this case, the
recovery of these Medicare funds. We shouldn't put,
essentially, this entire ase on hold while an issue
that has already been raised countless times by the
Court is heard again. So there's no reason for a stay
of these proceedings whatsoever.

8 THE COURT: All right. Thank you. Now let's 9 hear argument on the motion for protective order.

MS. FOGG: Thank you, Your Honor. I do want to start by noting the issue about that we could have moved for reconsideration. The initial decision on the initial motion to dismiss is not --

14 THE COURT: It doesn't really matter. I
15 think you almost had to do what you did to preserve the
16 record. I understand.

MS. FOGG: Thank you, Your Honor. I just wanted to clarify that. The motion on the protective order assumes that this case proceeds as it currently is and attempts to decide what discovery should occur and how. Our motion relates to the legal and equitable reasons why discovery should be limited to the administrative record. The legal reason is that every other Medicare payment dispute has been decided using the administrative record. And departing from that

1 standard would not only be unprecedented, but it would 2. also create a significant difference between the claims being heard in this court and them being heard in the usual process of agency administration. THE COURT: So for this motion, it's 6 important for me to get a better understanding of what 7 discovery would occur in the administrative proceeding. The characterization, as I took it -- and I may be 8 9 mischaracterizing it -- from the plaintiff is, 10 basically, they wouldn't get any discovery in the administrative proceeding, at least at this juncture. 11 MS. FOGG: It's a little bit of a difference 12 in the terms. They wouldn't get discovery, per se, but 13 think would be given the letter and the findings and 14 15 the supporting documentation for what the agency had reviewed. So they --16 17 THE COURT: Once the agency has reviewed it, though. But until anything but Universe 1 has been 18 19 reviewed, they'd get bupkis, right? MS. FOGG: They've already gotten some things 20 21 that are beyond the administrative record, and they 22 have gotten the findings and the supporting documentation for claim 82 and for Universe 1. 23 you're correct that they have not received anything 24

AHEARN & ASSOCIATES ahearnandassoc@comcast.net

about Universes 2 through 4 because there's nothing to

1 produce at this time. Those are what are being worked 2 on.

THE COURT: Okay. Go ahead.

MS. FOGG: Our motion relies in part on the quote from Butner v. United States, which is the Supreme Court case, saying that there is no reason why interest should be analyzed differently simply because an interested party is involved in a bankruptcy proceeding. And that is the case here. It would create bad incentives for there to be more discovery, more delving into the agency's processes, and potentially forum shopping if they were allowed to do this instead of what they would normally get if they just happened to not be in bankruptcy.

The other issue is the equitable issue, which is that NMTC is seeking civil discovery of all of these issues, and also the benefits of the agency proceeding. Under the normal agency review, the agency takes on a burden that it would not ordinarily have to. The rule is that in order to be entitled to repayment under Medicare, the burden is on the claimant to demonstrate their entitlement to that payment. If we were not in the agency review process, that would mean that the service provider would need to come forward before the Court and show the basis for meeting all of the

Medicare rules and requirements, looking at the charts
of the patients at issue, looking at the FDA trials
that are going on, comparing all of those against the
rules that Medicare has for what is covered and what is

5 not.

What the agency takes on voluntarily, as a burden during the normal agency review process, is to go out and proactively collect those documents, cull through them to the relevant parts. They hire a medical staff to do that, to interpret diagnoses codes and to come up with a decision that represents what they have seen in that record. That would not be available to them in the normal course. And that is what NMTC is essentially asking for, both the benefits of that process and then beyond that for their civil discovery.

I'd also note that NMTC has not suggested any plan for how that would occur. Their plan in their response is to use the administrative record that has already been decided to move forward. I haven't heard any explanation for how else we would go about doing that. If that is what they want and need to prove their case, there's certainly no harm in limiting them to that, and they have not identified any harm.

Anything that they need to prove their case, it would

1 not be part of the administrative record.

2.

They have noted the issue of fraud. It's worth explaining that the way the agency system works is that when there's a credible allegation of fraud, that is essentially a red flag that starts the process of looking through claims for eligibility. But it gets split into two separate tracks. So the OIG's office actually reviews the fraud, and there is a criminal investigation, an OIG investigation, going on with respect to that fraud that this part of the case has nothing to do with.

Fraud is just the thing that instigates the looking into the eligibility of each of the claims, and that's what we're talking about here. So that's why questions about fraud and the discovery about fraud would not only be irrelevant, but they would also implicate a lot of privileges and other protections that we would have to litigate and decide -- which we would not have to litigate and decide if we were just limited to the administrative record, which I believe is what both parties have suggested is needed here.

THE COURT: All right. So but, in essence, what you're saying there is if I were to deny your motion overall, you'd be coming back and asking for a protective order as to any requests to OIG or regarding

1 the fraud investigation.

2. MS. FOGG: Among other things. It would also have the additional burden of -- they've asked for things like email communications between the various contractors and groups. That would require collecting 6 all of those email communications. And then there are things like, you know, we've looked at one that was a nurse listing, among her different cases that she's 8 9 working on, this case as one of them, and then other cases that, you know, involve other areas of fraud and 10 11 other investigations. It would mean going through all of those thousands of emails and culling out the ones 12 that are potentially relevant, not protected by the 13 attorney/client privilege, and not related to the fraud 14 15 or other irrelevant issues. That would time consuming, 16 and it would also require further litigation. 17 THE COURT: All right. Let me hear from plaintiff. 18 19 MR. WILLIG: Your Honor, I'm not quite sure what the Government's -- what we're asking for here is 20 21 the discovery that we're entitled to under the civil 22 rules and, frankly, under the rules of evidence. We're not asking for two tracks saying, give us the 23 administrative record, and then give us everything that 24

AHEARN & ASSOCIATES ahearnandassoc@comcast.net

we're entitled to under the civil rules. We're saying,

2.

give us everything that supports your claims -- like we do in any other type of trial -- and if you don't have those documents, say so. If you do, then produce them.

The Government shouldn't be entitled to a protective order because it believes that the record in this case or the discovery in this case should be limited. What they're essentially asking for is to say, okay, even though this Court has jurisdiction and it's going to hear this claim, we want this Court to apply the rules that would be in effect if this was an administrative proceeding.

The fact of the matter is, there is no administrative proceeding pending. All we have is the Government saying, we're suspending these funds. On Natural Molecular's side, they're saying, we want to know why you're suspending the funds and whether or not that suspension is proper or not. Because if it's not proper, release the funds.

Again, the Government is trying to make this case seem much more arduous and much more complex than it really is. Whether or not Natural Molecular was complying with the Medicare requirements in submitting its invoices, those are very triable issues. Those are very provable issues. Whether or not these tests were medically necessary or not, again, those are issues

that can easily be heard during the course of trial.

Whether or not the Government is reimbursing

other lab providers for this exact same type of service

is also very relevant to this case. Whether or not the

Government's motivation is simply to say, we've got a

lab that's down on one knee and we want to end its

existence and not have to pay it \$15 million, that's

another issue that will be explored at trial.

But to at this point say the Government wants a protective order simply to produce documents, as we've -- the Court's already seen, hundreds and hundreds and hundreds of pages of unreadable spreadsheets, and then say that that's what Natural Molecular should be limited to is not what the rules provide. The rules state that they have to come forth with all of their discovery. And if they think that something should be protected, we're happy to agree to -- and already have agreed to -- limit communication that might affect their other ongoing investigation. In fact, I think we've done that informally, and an order to that effect has been entered.

There's no further -- there's no reason to take this motion for protective order and use it to limit discovery. That's not what it's for, and the Government has not articulated a reason why that should

- 1 be the case.
- THE COURT: All right. Thank you. I have
- 3 some questions, and they sort of overlap various of the
- 4 motions, but mainly are germane to the abstention
- 5 motion, I think. But they overlap somewhat. I need a
- 6 better sense of just what is in -- as I understand it,
- 7 the Government has, in its mature claim, fully mature
- 8 claim, has, as to Universe 1, claimed reimbursement of
- 9 every dime it's paid on those reviewed claims to
- 10 Natural Molecular. Is that correct?
- 11 MS. FOGG: I think the phrasing is slightly
- off. Universe 1 is part of claim 83.
- 13 THE COURT: Oh, it is.
- MS. FOGG: Yes.
- 15 THE COURT: Okay. So what's -- but claim 82
- is the fully matured one, isn't it?
- MS. FOGG: Correct.
- 18 THE COURT: Okay. So I assume those claims
- 19 have been reviewed?
- MS. FOGG: Yes.
- 21 THE COURT: Okay. But it's not in any of
- 22 what you call the universes.
- MS. FOGG: That's right.
- 24 THE COURT: Okay. So then besides the
- 25 universes you're calling universes, there is a universe

1	that	VO11 ' VA	alreadv	reviewed	all	\circ f	those	claims
_	ciiac	you vc	a_{\perp} caay	ICVICWCa	a_{\perp}	O_{\perp}	CIIOBC	CIAIIID.

- 2 MS. FOGG: Yes. And I'm sorry for the
- 3 terminology. But yes, claim 82 was before this dispute
- 4 started, or started in earnest, had been fully
- 5 reviewed. There had been an agency determination that
- 6 was not appealed in the time frame that it would have
- 7 needed to be.
- 8 THE COURT: So it it used to be a universe,
- 9 but now that you've reviewed it, it's no longer a
- 10 universe?
- 11 MS. FOGG: That's right. It's outer
- 12 universe.
- 13 THE COURT: All right. Outer universe. I
- 14 like that.
- MS. FOGG: Okay.
- 16 THE COURT: So as to the outer universe, was
- 17 there not a single claim that Medicare believed was
- 18 valid?
- MS. FOGG: That I don't know.
- 20 MR. WILLIG: Our understanding is there was
- 21 not.
- 22 MS. FOGG: Okay. I believe there were not
- any that were allowed.
- 24 THE COURT: Okay. So give me a flavor of why
- 25 they were disallowed. I mean, I know the example that

1	had been raised before of just, they weren't asked for
2	by the doctors or they weren't in the category that was
3	covered. But I guess I'm kind of perplexed how a
4	seemingly sophisticated entity that does this genetic
5	testing got every single one wrong and didn't make one
6	claim that was an allowable claim.
7	MS. FOGG: Well, it's done on a sampling
8	basis. So it's not that each individual claim is
9	reviewed. It is a there's a methodology that's been
10	developed and approved by courts where
11	MR. DREW: Your Honor, I'm very sorry. This
12	is Richard Drew. I just want to keep us from getting
13	confused. But claim 82 is composed of, I believe, 241
14	individual claims totaling about \$66,000, whereas claim
15	83 is about the ongoing administrative proceeding that
16	involves over 100,000 claims and amounts to millions
17	and millions of dollars. So I mean, claim 82 involves
18	individual determinations for people's claims, whereas
19	claim 83 involves sampling from well over 100,000
20	claims.
21	THE COURT: All right. But my understanding
22	was claim 82 was \$8 million.
23	MR. DREW: No, no, no. Claim 82 is \$66,000,

AHEARN & ASSOCIATES ahearnandassoc@comcast.net

THE COURT: Oh, it is. Okay. What's the \$8

24

25

Your Honor.

1	million?
2	MS. FOGG: Universe 1.
3	MR. DREW: Claim 83.
4	MS. FOGG: Claim 83.
5	THE COURT: Okay. So even though it is
6	unliquidated and might be more than that, it's at least
7	\$8 million?
8	MS. FOGG: It's that it is part of the
9	unliquidated group, which is the four universes. But
10	since this has all started, and since the filing of
11	claim 83 as an unliquidated claim, it has been it's
12	had its initial determination.
13	THE COURT: Okay. So it's now partially
14	liquidated. You haven't amended the claim to reflect
15	it, but
16	MS. FOGG: That's right. But there's also,
17	potentially, appeals rights to NMTC for that. So I'm
18	not sure it can be considered final in the same way
19	that claim 82 is.
20	MR. FREEDMAN: Your Honor, this is Larry
21	Freedman, if I may, for Natural Molecular. This points
22	to the crux of the whole problem, which is NMTC has no
23	right to appeal the \$8 million, has no way to get
24	information about this, apart from what's been parceled
25	out to it, and simply as Mr. Willig has pointed out

-- simply wants normal, civil discovery to understand 1 2. whether it's entitled to the \$8 million or whether there's a basis for the NMTC to keep it. And the only way to do that is through the adversary proceeding, that we can figure out. 6 MR. DREW: Your Honor, this is Richard Drew. 7 That's entirely false. They have the right to --THE COURT: I'm glad you agree. 8 9 MR. DREW: They have the right to --10 THE COURT: So let me slow you down for a This all started by the Court's colloquy, and 11 minute. I really do want an answer to my question. What I'm 12 really trying to understand is, at its heart, what is 13 going to be involved in this litigation. Because one 14 15 of the options that really hasn't been presented as a separate option that's on the table -- and certainly 16 17 could all be trumped in a heartbeat by a full grant of the motion to withdraw the reference -- but I have the 18 19 jurisdiction to render a final adjudication as to the 20 claims matters, as opposed to the claim-over. 21 The claim-over, it could be referred back

The claim-over, it could be referred back down to me to handle everything up to trial. But absent consent by the Government, I'm not going to be hearing the claim-over when it actually gets to trial. There's no disagreement on that jurisdictional aspect,

AHEARN & ASSOCIATES ahearnandassoc@comcast.net

22

23

24

I don't think. And that's setting aside the 1 Government's other jurisdictional arguments and the 2. possibility of a reverse field on Town and Country and all of those issues. I'm just saying, broad brush, I'm trying to get to an understanding of this. I heard the 6 trial on the pure claims issues. Does it, in fact, 7 though -- would I be making rulings on the exact same issues that are going to cut across the rest of the 8 9 field here? 10 MS. FOGG: Yes. THE COURT: Okay. And what are those issues? 11 MS. FOGG: If I'm understanding the question 12 correctly --13 14 THE COURT: Because what I'm still not 15 understanding is how each and every one of this entity's claims could be false and wrong and not 16 17 payable. MS. FOGG: So the claim 83, as Richard 18 19 pointed out, represents millions of claims that are separated into four universes by chronology. They will 20 21 be reviewed using a sampling methodology. So if 22 they're -- once they're decided by the agency, it will 23 be on a sampling basis. And what normally happens in the agency review process is then NMTC has an 24 25 opportunity to, you know, take issue with certain

aspects of the sampling and whether or not the ones
that were sampled were good samples or not. And that
ends up being the dispute.

Here, my understanding is that they are
asking for a complete displacement of the agency
process and to be able to just present to Your Honor
why they're entitled --

THE COURT: Right. But it's not answering my question. My question is a factual one. It's just what is the nature -- what's the specifics of the basis why any of these samples were booted out as not being payable?

MS. FREEMAN: Do you want me to explain?

MS. FOGG: Sure. May I have Ms. Freeman -
THE COURT: Yes, please.

MR. FREEDMAN: Your Honor --

THE COURT: Counsel, for a minute, hold on.

I'm just trying to explain why I'm asking the question so I can get a better answer to the question. One of the options in front of me is abstention, but one of the options that is more fully in my control is going ahead with claims issues at trial. I'm trying to understand what is really in play here, what's the nature of the evidence of -- not all of what's

AHEARN & ASSOCIATES ahearnandassoc@comcast.net

necessary to establish Medicare claim or a right to

1 repayment, but literally what's the dispute between the 2. parties, what is the nature of the reason that Medicare booted these claims out. MS. FREEMAN: And thank you, Your Honor, for 5 letting me explain. I think this underscores how 6 complicated this can become. Claim 82 is separate from claim 83 as follows. Claim 82 is generated through what's called a recovery program audit. And what that 8 9 means is when these claims are processed through this 10 huge system, the Medicare administrative contract or system will catch claims simply through the system 11 edits that are in place. 12 The problem with those claims, and claim 82, 13 is that they might have been involving double billing. 14 15 They might have involved billing involving skilled nursing facilities and violating the consolidated 16 17 billing rules. There might be other processing issues that the computer system kicked out. And when the 18 19 computer system kicks it out, it generates a letter to the plaintiff to explain, you've been overpaid. These 20 21 claims were paid before, but our system went back and 22 reviewed these claims and picked up these claims, and we have overpaid you. Therefore, you owe us money on 23 those 241 claims which equals \$66,000. 24

AHEARN & ASSOCIATES ahearnandassoc@comcast.net

Plaintiff, for whatever reason, never

1 appealed those initial determinations. That period has

2 expired. From the agency's perspective, that is

g considered a final determination. And I don't -- in my

4 view, I don't see what the Court could possibly review

from that, because from our perspective, it is a mature

debt in the amount of \$66,000.

Claim 83, on the other hand, is a different animal. That claim is a result of this ongoing program integrity review, which is being conducted by AdvanceMed. You might recall that name from the pleadings. But that is a Medicare contractor specifically reviewing all the claims that have been submitted by the plaintiff from January 1, 2011, through the present. It's that, what, three-year time frame -- two and a half years -- my math is not adding up -- but from January 1, 2011 through the present,

And what Ms. Fogg was explaining, that of that claim 83, Universe 1 has been completed review through acceptable sampling and testing methodologies -- very, very thorough review -- and has been determined that of those, I think 1,400 units that were billed in that sampled universe, that these claims are not covered. There are many reasons --

AdvanceMed had to break that down into four universes

to make them more manageable.

1	THE COURT: 1,400 samples or 1,400 claims
2	within Universe 1?
3	MS. FREEMAN: 1,400 units. So in other
4	words, when the AdvanceMed takes their samples, they
5	will cull the number of beneficiaries that's the
6	starting point. They cull from that. What are the
7	dates of service for these particular beneficiaries,
8	and they pull out that.
9	With respect to plaintiff's claims, the
10	plaintiff billed numerous line items in one claim. And
11	within the line items, there could be several units.
12	So you might have one beneficiary, and there might be
13	five separate claims that were submitted for that
14	beneficiary. But within those five claims, you might
15	have 12 line items, meaning was there a test for
16	Plavix, was there a test for beta blockers, was there a
17	a test for Warfarin, and so forth and so forth. And
18	then, depending on how the plaintiff billed it, the
19	plaintiff might apply several units to apply to a line
20	item.
21	And I realize this gets complicated
22	THE COURT: No, that's fine. I want to hear
23	this detail. Go ahead.
24	MS. FREEMAN: So therefore, for Universe 1,
25	there were approximately 1,400 units that were billed

6

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

by the plaintiff, and in reference to 50 claims with 1 2. 260 service items within those claims. So therefore, when AdvanceMed conducted its review -- again, very sophisticated and detailed statistical analysis -- it then goes through the medical documentation to support those claims and service items, if you will.

> You asked what is involved in that review. It requires a review to understand, well, what were the diagnoses of these particular beneficiaries. Because Medicare will only cover genetic testing under very specific, very limited circumstances. Simply because a laboratory calls something a genetic test and sends the test to Medicare doesn't guarantee that it will be covered. Perhaps the system might pay out on that claim because the system has to work so quickly to get these claims dealt with.

> But here, given the allegations of fraud that were raised, Medicare and AdvanceMed said, we need to go take a look at what's been going on here. And therefore, they go through the medical documentation to understand, well, what kind of a genetic test was applied? What were the prescriptions that this beneficiary supposedly was taking? Because again, Medicare has very specific line items insofar as what kind of drugs can be tested for.

1

23

24

25

And then the medical review has to ask

2. itself, well, what were the diagnoses that were supplied by the doctors? In some instances, we found that the plaintiff had preprinted the diagnosis codes on the forms. And that's a no-no in the Medicare 6 program. It's the doctor who has to indicate what the 7 diagnosis is. It's not up to a laboratory to decide what the diagnosis is. Everything stems from what a 8 9 physician supposedly orders. 10 The concern that's been raised here is that the laboratory here has been pre-inserting information, 11 and in some cases, doctors didn't even sign off on a 12 requisition that would be given to the laboratory. 13 14 That would be another reason on which to deny a claim, 15 if there's no physician signature or if there's no 16 intent that a physician had actually ordered a test for 17 a particular purpose. Medicare can deny the claim. Those are only the regulatory criteria 18 19 regarding physician's signatures. Did the physician intend -- did a physician order the test, versus the 20 21 physician's secretary in the clinic? There are very 22 specific regulatory criteria that apply to

> laboratories, but then you add on top of that, very specific coverage criteria that applies to genetic

testing in question.

1	To begin, as a general rule, Medicare does
2	not cover screening tests. And that's what we're
3	finding with a lot of these well, so far, in
4	Universe 1, we have found that with 100 percent of the
5	claims that were reviewed, there was no diagnostic
6	testing. Instead, either signatures didn't appear, or
7	diagnoses codes were not appropriate. Whatever
8	diagnosis codes appeared on these preprinted forms that
9	were supplied by plaintiff, it did not match the actual
10	diagnosis of the patient itself. Or there were if a
11	patient was on Warfarin, for example, there are very
12	specific circumstances under which Medicare would ever
13	pay. For example, Medicare will only cover Warfarin
14	testing if a patient was on it for less than five days
15	and if the patient was involved in a clinical trial and
16	it was used in the active managed care of the patient.
17	AdvanceMed found these things weren't
18	happening with these patients. And therefore, the
19	concern that it's caused us is that this is either
20	screening, Medicare screening which Medicare does
21	not cover or there's simply no supporting
22	documentation whatsoever.
23	THE COURT: Screening meaning it isn't
24	specific to anything that's been diagnosed yet?
25	MS. FREEMAN: That's correct. For example,
	AHEARN & ASSOCIATES

ahearnandassoc@comcast.net

1	Medicare would not cover a beneficiary who's curious to
2	know whether they might have a predisposition to a
3	certain sensitivity. There has to be signs and
4	symptoms of a particular covered benefit. I hope that
5	makes sense.
6	THE COURT: Yes, it does make sense. So for
7	instance, if a physician thought, well, maybe it would
8	be appropriate to prescribe X for this patient, but I'm
9	leery of doing that because it's a dangerous drug. If
10	he or she has X indicators in their genetic makeup, we
11	better have some genetic testing for that. Would that
12	be appropriate or not appropriate where they haven't
13	prescribe the drug yet?
14	MS. FREEMAN: As a general rule, no, that
15	would not be covered by Medicare.
16	THE COURT: Okay. It may be medically a good
17	thing to do, but it wouldn't be covered by Medicare.
18	MS. FREEMAN: Perhaps. But what we found in
19	a lot of medical records we have been reviewing,
20	doctors didn't even review the results with their
21	patients.
22	THE COURT: So for one of these enumerated
23	reasons, but not always the same reason, every single
24	one of these claims that was tested was bad.
25	MS. FREEMAN: Correct. Or we found that I

don't know if the word "bad" is the right word, but -
THE COURT: Not covered for some reason.

MS. FREEMAN: Not covered, not appropriate,

not reasonable and necessary. All of those phrases

would apply to these claims. And then to some extent,

6 there were signatures missing or preprinted diagnosis

7 codes. That raises a real certain.

8

9

10

11

12

13

20

21

22

23

THE COURT: Okay. And then are some of the those problems fixable, potentially? If the office assistant signed it when the doctor should have, but the doctor fully would have prescribed that, is that a fixable problem? They just need more documentation? Or is it too late, once it's --

MS. FREEMAN: No. Yeah, it would be

considered too late. It is not fixable. Because the

claim has to be -- it has to be reliable, and it has to

be honest when it goes into the system. It has to have

some integrity underlying it so that it can be

supported by the medical document.

THE COURT: So just from a -- regardless of whether there was fraud involved, basically from an incompetent standpoint in making Medicare claims, this debtor, in Medicare's eyes, is as bad as it could be.

MS. FREEMAN: Correct.

THE COURT: All right.

1	MR. FREEDMAN: Your Honor, this is Larry
2	Freedman. Lots was covered there, but if I could just
3	make one simple point, responding to Ms. Freeman.
4	What's been reviewed by AdvanceMed was 30 patients, as
5	I understand it. I read the report. And about half
6	and they asked for medical records from doctors to make
7	this review. There is very little, if anything,
8	alleged that the lab didn't do correctly. They looked
9	for medical records. About half of these denials were
10	simply because doctors' offices themselves didn't
11	provide the records, and they didn't have, in their
12	view, documentation.
13	So there are all we want is to be able to
14	test this, understand the claims were proper or not, if
15	the lab did anything wrong or not, because of the
16	substantial amount of money at issue. Your questions
17	were right. What would this involve. And there simply
18	isn't going to be another way to go through it, besides
19	to get the information from CMS and for us all to
20	figure out, through experts or other standard trial
21	processes or pretrial processes, how to figure out
22	these universes.
23	THE COURT: All right. Thank you. Okay. So
24	back to the motions. I will try and rule on the two
25	stay motions as soon as I can. It may take a little

1 longer on the abstention and the renewed motion for 2. dismissal on the pleadings. I'm cognizant of the fact that the rug could be totally pulled out from under me and then may not even partially sent back down to me -there's a range of options -- in the motion pending in 6 front of Judge Lasnik, including a second redundant motion to dismiss in front of him. So in some ways, I'm not sure who's going to rule first. It all might 8 9 get mooted. But I will get to it as soon as I can. But in the meantime, since I have not granted 10 11 any kind of stay, there is no stay in effect of discovery. So let me at least caution the parties of 12 that. I will try and rule promptly. And I'm not going 13 14 to make any predetermination of any non-compliance with 15 discovery requests as to what I would do with those if they get back in front of me during this hiatus where I 16 17 haven't ruled on these latest motions for stay or for protective order. But I haven't ruled until I've 18 19 ruled. So the normal discovery rules are still in 20 effect until I rule on either or both of those motions. 21 So again, I will let both sets of counsel 22 know as soon as I'm ready to rule on any of the four 23 motions. 24 Thank you.

AHEARN & ASSOCIATES ahearnandassoc@comcast.net

MS. FOGG: Thank you, Your Honor.